

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000015674

1. Entity Name
NAPPY H., INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90086 038 ***150.00

Principal Place of Business
**704 SW 10TH ST.
DEERFIELD BEACH FL 33441**

Mailing Address
**643 NW 3RD WAY
DEERFIELD BEACH FL 33441**

2. Principal Place of Business
704 SW 10 St
Suite, Apt. #, etc.

3. Mailing Address
643 NW 3rd Way
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Deerfield Beach
Zip
FL

City & State
Deerfield Beach
Zip
FL

4. FEI Number
65-0516216

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GAYLE, SOPHIA
643 NW 3RD WAY
DEERFIELD BEACH FL 33441**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **C** ☐ Delete
NAME **GAYLE, SOPHIA**
STREET ADDRESS **643 NW 3RD WAY**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **M** ☐ Delete
NAME **GAYLE, NAOMI**
STREET ADDRESS **643 NW 3RD WAY**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **S** ☐ Delete
NAME **GAYLE, NAOMI**
STREET ADDRESS **643 NW 3RD WAY**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Naomi Gayle Naomi Gayle**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/01 **954 415-9808**
Date Daytime Phone #

CR2E034 (10/00)